2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000003472

1. Entity Name
CARMEN'S LANDSCAPE DESIGNS, INC.

FILED
04 FEB 16 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8830 SW 131 STREET MIAMI, FL 33176 US	8830 SW 131 STREET MIAMI, FL 33176 US

01162004 No Chg-P CR2E034 (10/03) 04

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0462559
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARMEN MENDEZ
8830 SW 131 STREET
MIAMI, FL 33176

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8. The above named entity supplies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 1/23/04
Signature, typed or printed name of Registered Agent and title, if applicable. (NOTE: Registered Agent's signature required when changing) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MENDEZ, CARMEN
STREET ADDRESS	8830 SW 131 STREET
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100029251201
02/23/04--01071--021 **150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/9/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

305-234 3356.
Daytime Phone #

Gloria Vega.

B